

## ISSUE SHEET STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	100-T		71-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	572	12-13-01
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	+
13	-
14	-
15	-
16	-
17	-
18	-
19	-
20	✓
21	-
22	✓
23	-
24	0
25	0
26	0
27	0
28	0
29	0
30	✓
31	-
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33	-
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here